

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

File with:  
 Iowa Ethics and Campaign  
 Disclosure Board  
 510 E. 12<sup>th</sup> St. 1A  
 Des Moines, Iowa 50319  
 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

IA ETHICS AND  
 CAMPAIGN DISCLOSURE BD.

2012 OCT 15 AM 11:17

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Ashley Pore Supervisor

**IMPORTANT:** Indicate by # type of committee you are reporting for:  
 (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
 Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**  
 Candidate Name Brian Ashley Political Party (if applicable) Republican  
 Office Sought Supervisor District (if Senate or House) 5

**FORM DR-2**  
 (Rev. 12/2008) **DISCLOSURE REPORT**

**For Office Use Only**  
 Comm. # 19065  
 Logged In \_\_\_\_\_  
 Scanned \_\_\_\_\_  
 Computer \_\_\_\_\_  
 Audited \_\_\_\_\_

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Brian Ashley 712.375.5485 10/12/12  
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 10/12/12 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
 (report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_  
☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
 (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election  
Nov 6 - 12  
 County & Local Committees, enter County in which Election is held  
Wentbury

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) .....  
 Schedule F: Loans Received total (Attach Schedule F) .....  
 Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below) .....  
 Schedule F: Loan Repayments total (Attach Schedule F) .....

**CASH ON HAND** at the end of this reporting period (If final report balance must be zero) .....

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) .....

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) .....

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F) .....

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.



For Instructions, See Back of Form

Reset Form

## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY  
RECEIPTS☐ CHECK THIS BOX IF  
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Ashley For Supervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9/8/12	ID# CK#	LARRY LITLER Moline, IA 51039		\$ 100	<input type="checkbox"/>
9/12/12	ID# CK#	VERA COLLINS 106 E DIVISION Anthon Iowa 51004		500	<input type="checkbox"/>
8/13/12	ID# CK#	WOODBURY Co REPUBLICAN Com Sioux City, Ia 51101		1000	<input type="checkbox"/>
9/18/12	ID# CK#	Ray Hoffmann 1902 Jackson Sioux City, Ia 51104		50	<input type="checkbox"/>
9/19/12	ID# CK#	Joe O'Connell 2113 Lincoln Ave Sioux City, Ia 51104		50	<input type="checkbox"/>
9/19/12	ID# CK#	Tara Hamann 2421 Safford Ave Council Bluffs Ia 51016		100	<input type="checkbox"/>
9/25/12	ID# CK#	Mary Todd 214 E. Elder Ave Council Bluffs Ia 51016		50	<input type="checkbox"/>
9/26/12	ID# CK#	Bob Davis 1570 Hurst Ave Marechal Ia 51039		200	<input type="checkbox"/>
9/25/12	ID# CK#	Tom Clark Box 623 Moline, Ia 51039		100	<input type="checkbox"/>
9/25/12	ID# CK#	Heather Goggin 309 Jackson Moline Ia 51039		100	<input type="checkbox"/>
SUB-TOTAL				\$2750	
TOTAL (If last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2  
(for Schedule A)



FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

ASHLEY FOR SUPERVISOR

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/26/12	ID# CK#	Sign pro 200 S Fairmont Sioux City, Ia 51104		\$ 1398. <sup>49</sup>
9/26/12	ID# CK#	Mail House Box 1105 51102 Sioux City, Ia		279. <sup>08</sup>
9/24/12	ID# CK#	Wild West Design Box 117 51016 Christiansburg, Ia		28. <sup>36</sup>
9/24/12	ID# CK#	Sioux City Journal 375 Paver Ave Sioux City, Ia 51101		1250. <sup>20</sup>
10/5/12	ID# CK#	Powell Broadcasting 2000 Indian Hills Dr. Sioux City, Ia 51104		1448. <sup>40</sup>
10/5/12	ID# CK#	Sioux Valley News 126 E Main Aurora, Ia 51004		91. <sup>50</sup>
10/10/12	ID# CK#	Sign pro 300 S Fairmont Sioux City, Ia 51104		1631. <sup>29</sup>
10/10/12	ID# CK#	Mail House Box 1105 51102 Sioux City, Ia		279. <sup>40</sup>
SUB-TOTAL				\$ 6408. <sup>71</sup>
TOTAL (If last page of this schedule)				\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(j).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Ashley For Supervisor*

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/12/12	ID# CK#	<i>Lions Valley Home 124 E. Main St 51004/ Canton, Ia</i>		\$185.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$185.00
TOTAL (if last page of this schedule)				\$6593.21

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.402(3)(f).)

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(for Schedule B)



(Including candidate's personal funds)

(REV. 07/03)

RECEIPT

COMMITTEE NAME (Must be same as on Statement of Organization)

Ashley For Supervisor☐ CHECK THIS BOX IF  
AMENDING FORM

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
9/24/12	ID# CK#	Scott Mastny BFD Antonia Iowa 51004		\$ 100	<input type="checkbox"/>
9/25/12	ID# CK#	John McSwine Box 348 Holstein Iowa 51025		100	<input type="checkbox"/>
10/1/12	ID# CK#	Brett Hoffmann 3906 Sylvan Ave Sioux City, Ia 51104		100	<input type="checkbox"/>
10/3/12	ID# CK#	Russ Spotts Box 535 Moorville Ia 51039		125	<input type="checkbox"/>
10/5/12	ID# CK#	Mary Wilson 1713 Lee Ave Crestonville Ia 51014		25	<input type="checkbox"/>
10/8/12	ID# CK#	Brian Salter 3448 100th St Crestonville Ia 51014		125	<input type="checkbox"/>
10/1/12	ID# CK#	Ron Nelson Box 95 Crestonville Ia 51014		50	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$625

TOTAL (if last page of this schedule)

\$2875

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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COMMITTEE NAME (Must be same as on Statement of Organization)

Ashley For Supervisor

SCHEDULE

F

(Rev. 02/08)

LOANS  
RECEIVED  
& REPAYED☐ CHECK THIS BOX IF  
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0

## PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
10/5/14	BRIAN Ashley 3376-170th St Correctionsville IA 51016	Self	\$ 3000.00
10/19/14	BRIAN Ashley 3376-170th St Correctionsville IA 51016	Self	\$ 2000.00

TOTAL (PART I)

\$ 5000.00

## PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II)

\$

From Schedule E - TOTAL LOANS FORGIVEN

\$

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 0

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(for Schedule F)